DOCUMENT RESUME

ED 190 922 CG 014 568

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TITLE Life Change, Social Support, Psychological Symptomatology: A Search for Causal Relationships.
INSTITUTION Community Organization for Drug Abuse Control, Phoenix, Ariz.
PUB DATE 80
NOTE 18p.; Paper presented at the Annual Meeting of the Western Psychological Association (60th, Honolulu, HI, May 5-9, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); Drug Abuse; *Drug Rehabilitation; Longitudinal Studies; Patients; Program Effectiveness; *Recidivism; Rehabilitation Programs; *Responses; *Sex Differences; *Stress Variables
IDENTIFIERS *Social Support

ABSTRACT

Recent advances in the study of life stress and social support suggest a new approach to the drug abuse client recidivism problem which encompasses the need for naturalistic, interactional studies. A longitudinal study was conducted with 49 ex-clients of a heroin detoxification program to test the hypothesis that experiencing life stress in the absence of social support leads to psychiatric symptomatology and drug use. Three interviews were conducted with each participant, the first occurring one month following discharge from the program, with two subsequent interviews at monthly intervals thereafter. Female drug abusers reported a greater number of stressful life events, and tended to become depressed. Male subjects had a greater tendency to exhibit anxiety. (Author/HLM)

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LIFE CHANGE, SOCIAL SUPPORT, PSYCHOLOGICAL SYMPTOMATOLOGY: A SEARCH FOR CAUSAL RELATIONSHIPS

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A paper presented at the 1980 annual meeting
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CG 014568

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INTRODUCTION

One of the primary concerns in the area of drug abuse treatment is the high probability of client recidivism. For example, in the six months of July through December, 1978, 57% of heroin abusers entering all Phoenix drug treatment programs had a record of at least one prior admission to treatment. In the detoxification programs, the figure was even higher; 68% for the same period. The statistics on persons reentering treatment are actually an underestimation of the recidivism rate, since they do not include those persons who resume drug abuse but do not reenter a treatment program.

Although the problem of recidivism is well documented, there is a lack of information which could begin to explain the process of re-addiction. Attempts to discover the factors leading to a return to drug abuse must, of necessity, take place in the drug abuser's natural environment. In addition, it is recognized that neither the environment nor the characteristics of the individual can by themselves, adequately explain the forces leading to drug abuse. Rather, it is the interaction of the person with his or her life situation which is of concern. Recent advances in the study of life stress and social support suggest a new approach to the recidivism problem which encompasses the need for naturalistic, interactional studies.

Stressful Life Events. Research on the effects of life change is based on the assumptions that a) "life changes require adaptation on the part of the individual and are stressful, and b) persons experiencing marked degrees of life change during the recent past are susceptible to

physical and psychiatric problems" (Sarason, Johnson, & Siegel, 1978, p. 932).

Evidence for a link between the experiencing of life change and the presence of physical disorders comes from studies by Rahe (1968), Holmes (Note 1) and Brown (1972), among others. In addition, several researchers have discovered a strong association between the occurrence of events requiring life change and the onset of schizophrenia (Brown & Birley, 1968), depression (Brown, Bhrolchain & Harris, 1975; Miller & Ingham, 1976; Sarason, et al., 1978), psychological discomfort (Sarason, et al., 1978) and general psychiatric disturbance and lack of well-being (Berkman, 1971; Brown, et al., 1975; Langner & Michael, 1963).

While the majority of research associating life change with psychological disorders has been conducted with non-drug-abusing populations, there is some data which relates to this aspect of the drug abuser's lifestyle. There have been studies which show that both heroin abusers (Dudley, Mules, Roszell, Glickfield, and Hague, 1976) and alcoholics (Bell, Kelley, Clements, Warheit & Holzer, 1976; Masuda & Holmes, 1978; Vinokur & Selzer, 1975) experience an inordinately high number of negative life events. Also, Dudley, Roszell, Mules, and Hague (1974) found that heroin addicts perceive life events as requiring more change and rate illnesses as being more serious than a non-abusing population. According to Dudley, et al. (1974), although addicts correctly perceive or over-perceive the impact of life events, they fail to relate life change to their addiction or change their behavior accordingly. As Masuda and Holmes (1978) state, "life events thus are not simply externally imposed on individuals. Much of what occurs is a product of a lifestyle or culture which incurs greater or lesser amounts of life events." (p.254)

Although the goal of research on life stress has been to demonstrate a cause-effect relationship between stress and disorder, very few studies have been designed to accomplish this aim. The data is usually in the form of correlations and conclusions must be restricted to statements of general association. One exception is the work of George W. Brown (1972 & 1974) who found that by carefully dating the occurrence of the life event and the onset of psychiatric disorder, a causal effect can be tentatively demonstrated. Although Brown's work illustrates that life stress research can move beyond data which merely demonstrates relations, more advances are needed. As was pointed out by Ilfeld (1977) and Sarason, et al. (1978), complex longitudinal studies are needed to shed light on cause and effect relationships and on the natural course of stressors and symptoms.

Social Support. Concurrent with the recent focus on life change, attention has also been directed toward the role of social support in promoting well-being and mitigating the impact of stressful life events. Cobb's (1976) definition of social support as information leading one to believe that he/she is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligation, emphasizes the additional importance of the individual's perception that support is available when needed.

Research which examines the role of social support as a moderator of life change is highly suggestive of the importance of support in dealing with stressful events. According to Caplan (1975), the most important factor affecting the outcome of a crisis is "the quality of the emotional support and task-oriented assistance provided by the social network within which the individual grapples with the crisis event" (p. 4). Kaplan,

Cassel and Gore (1977) go so far as to assert that social supports are likely to be effective only in the presence of stressful circumstances. And, Cobb (1976) maintains that the protective effects of social support are the results of mechanisms which facilitate coping and adaptation by the stressed person.

As with life stress research, the majority of studies relating to the role of social support have focused on a non-drug-abusing population. However, there is substantial evidence to indicate that the drug abuser's lifestyle is characterized by a lack of social support. Frazer, Jones and Rosenberg (1963) and Haertzen and Hooks (1968) reported finding reduced social interaction as a result of chronic heroin use. Conner and Kremen (1971) interviewed clients who had been in a methadone maintenance program and found social isolation and superficial relationships to be common complaints. "A sense of social inadequacy seems to be deeply felt and widely experienced" (p. 289). Pablant and Hays (1976) had heroin abusers entering methadone maintenance programs keep a daily record of all activities for eight days prior to methadone initiation and nine days during methadone intake. The authors state that, "it is important to note the limited nature of their social contact during the pre-treatment period. During the treatment period there was an observable increase in social contact which was not solely attributable to socialization with other patients in the clinic" (p. 614). The profiles obtained from the clients' activity records indicate marginal social functioning and the absence of a stable contact group even after the changes during methadone treatment are taken into account.

Implications. When the literature pertaining to stressful life

events and the role of social support is viewed in conjunction with evidence of the stressful and isolated nature of the addict lifestyle, a picture emerges of a socially dysfunctional environment. It is proposed that a client leaves a treatment program ill-equipped to deal with the stresses inherent in the lifestyle to which he or she returns. The occurrence of stressful events leads to distress and then drug use as a proven coping method. The use of drugs would seem, however, to exacerbate the problem by further isolating the abuser from potential sources of social support as well as increasing the number of life events experienced.

The present study utilized a longitudinal survey to test the hypothesis that experiencing life stress in the absence of social support leads to psychiatric symptomatology and drug use among an ex-client population.

METHOD

Participants in the study were 21 females and 28 males who had been recently discharged from a heroin detoxification program. Participants' average age was 27 and average length of heroin use was eight years. Thirty-two of the participants were Anglos, four were Blacks, ten were Mexican-Americans, two were American-Indians and one was unspecified other. No non-abusing comparison group was included in the study, due to time and funding limitations.

A questionnaire was designed to obtain the following information:

1) The occurrence of particular life events during the preceding month, including the respondent's perception of the event as good or bad and the respondent's rating of the effect the event had on his/her life. The life events section of the instrument

consisted of a scale developed by Sarason, Johnson & Siegel (1978).

2) The respondent's perception of the availability of social support, and the amount of support actually received, during the preceding month. The social support scales were developed based on an extensive review of the literature.

3) The size of the respondent's social network and the frequency of social participation during the preceding month. An effort was made to determine the presence of other heroin abusers in the respondent's network.

4) The frequency of drug and alcohol use during the preceding month. Information was gathered on eleven commonly abused drugs and alcohol.

5) The level of psychiatric symptomatology during the preceding month, using the Brief Symptoms Inventory (Derogatis, Rickels & Rock, 1976). This scale measures symptom levels on nine dimensions, including anxiety and depression.

6) The respondent's drug abuse treatment status during the preceding month.

7) Selected demographic data.

Three interviews were conducted with each participant, the first occurring one month following discharge from the detoxification program with two subsequent interviews at monthly intervals thereafter. The 49 participants represent 38% of all clients discharged during the 3-month period.

RESULTS

Initial analysis focussed on assessing the reliability of the data. In an effort to determine the truthfulness of participants' responses to questionnaire items, two different comparisons were made. First, reported age, education, and year of first heroin use were compared with the same information as provided by treatment intake forms. For reported age, 87% were in exact agreement, with the remainder being within one year. For reported education, 79% were in agreement. For reported year of first heroin use, 38% were in exact agreement and 32% were within one year. The second comparison examined the consistency of reported age, education, income and year of first heroin use across the three interviews. Here again, there was a high level of agreement, indicating a relatively high degree of veracity of participant responses.

A short version of the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960; Strahan & Gerbasi, 1972) was included in the questionnaire. When social desirability scores were correlated with all other items in the questionnaire, no pattern of correlations emerged which would be suggestive of a social desirability bias on responses.

Coefficient alpha was calculated for the two social support scales. The values for availability of support and support received were .84, and .89, respectively. These values of coefficient alpha indicate an adequately high level of internal consistency.

One of the benefits of a longitudinal design is that it allows the researcher to investigate the natural sequencing of events over time. Because it was believed that treatment status could be related to the participant's life experiences, the sample was divided into persons who

reentered a treatment program during the first month of the study (predominantly methadone maintenance) and those who did not reenter treatment. For the persons who reentered treatment (N=22) there was a striking pattern of change in almost all variables over the three month course of the study. Perceived availability of social support increased, as did support received. The number and intensity of all types of life events decreased as well as drug use and psychiatric symptomatology. There was no consistent pattern of change over time for persons who did not reenter treatment.

The main focus of the study was an attempt to discover causal patterns of life stress in the absence of social support leading to symptomatology and/or drug use. Simple cross-correlations as presented by Cook and Campbell (1979) was used for the analysis. Briefly, the premise on which simple cross-correlation analysis is based is as follows. If two variables are measured at two points in time, variable A is said to cause variable B if the correlation of variable A at time 1 with variable B at time 2 is greater than the correlation of variable B at time 1 with variable A at time 2.

Because of studies indicating that female drug abusers are more susceptible to life stress and have less support available than males (Tucker, Note 2; Tucker & Colten, Note 3), separate analyses were conducted for males and females.

Social Environment of Female Drug Abusers. The correlations illustrating cause-effect relationships for female drug abusers are presented in Table 1. The pattern of correlations indicates that there is a positive relationship between life stress and depression, when measured at the same time. In addition, there appears to be a causal pattern of life stress

leading to depression over one-month and two-month time lags.

The amount of social support which the female drug abuser perceives as being available to her appears to be causally related to depression over on-month and two-month time lags. The more support she sees as being available, the less depression she is likely to experience in the following months.

To examine the effects of stressful events in the absence of support, interaction terms were created by multiplying stress scores times support scores. A high value on the interaction term represents high stress and low support (or high 'risk') and a low value represents low stress and high support (or low 'risk'). Correlating the interaction terms with drug use and symptomatology provided the following causal patterns. Stressful bad events combined with low perceived availability of support appears to lead to depression and anxiety over one-month and two-month time lags. Of special significance are the causal patterns indicating that: 1) stressful bad events combined with low amounts of actual support received leads to drug use over a one-month period; and, 2) the lack of an intimate relationship leads to drug use over one-month and possibly two-month time lags.

Social Environment of Male Drug Abusers. The correlations illustrating cause-effect relationships for male drug abusers are presented in Table 2. The correlations indicate that experiencing large numbers of good events and bad events both lead to anxiety for drug-abusing males.

As with females, male drug-abusers show less likelihood of becoming depressed if they perceive social support as being available to them. Again showing the same pattern as females, males tend to become depressed after having experienced stressful bad events combined with low perceived availability of support, although the pattern is not as strong as for

females. In addition, experiencing both good and bad events combined with low availability of support appears to lead to anxiety in males.

While life stress and lack of support did not appear to lead to drug use in males, network variables did seem to be weakly related to drug use. In particular, the more close friends the respondent identified as being heroin users, the more likely he was to use drugs during later months. It is also interesting to note that increased drug and alcohol use by males led to an increased number of stressful bad events.

DISCUSSION

While it must be emphasized that conclusions drawn from this data are tentative, it appears that male and female drug abusers differ greatly in their experiencing of and reactions to their social environments. Female drug abusers seem to be differentially susceptible to stressful life events compared to male drug abusers and are more dependent on social support to deal with the events. According to Masuda and Holmes (1978) there is a tendency for women in general to experience more life events than men and to perceive the events as more stressful. In our study, the female portion of the sample reported a greater number of life events than the males and rated the events as having a greater effect on their lives.

The females in our study reacted to life stress by becoming depressed, while the males had a greater tendency to exhibit anxiety. These results are indirectly supported by Sarason, et al. (1978) who found that, in a sample of female college students, there was no relationship between any type of life event and anxiety, but a strong relationship between negative events and depression.

The tendency of female drug abusers to become depressed as a result of stressful events could be attributed to a perceived lack of control over the events. Indirect evidence for this idea comes from a study by Johnson and Sarason (1979) which reported a relationship between negative life events and depression for persons rated high on external locus of control, but not for persons rated as internally controlled, and from a study by Densen-Gerber, Weiner, and Hochstedler (1972) reporting that female heroin abusers feel powerless to control life events.

It would seem that a perceived inability to control the events in her life would lead the female drug abuser to an increased reliance on others for support and assistance. If support and assistance are not given (or are not seen as adequate) she turns to drug use as a maladaptive coping mechanism. As Lazarus, Averill and Opton (1974) state, "when avenues leading to direct action on the self or the environment are closed [or are perceived as closed], the only thing left for the individual to do is to fall back on intrapsychic processes for coping, even though these do not succeed in changing the objective circumstances". (p. 262)

For several reasons, this study is seen as a preliminary investigation. A number of questions remain to be addressed:

1) Does the social environment of the drug abuser differ significantly from that of the non-abuser?
2) Will the causal patterns suggested for drug abusers also exist in a non-abusing population?
3) Since perceived availability of support is implicated in the genesis of depression, what role do actual incidents of support play in this phenomenological experience?

4) What categories of support are most important in mitigating the effects of stressful events?

And perhaps the most important question:

Do the correlation patterns found in this study represent true causal processes? Or are there other unmeasured variables which are actually creating the causal patterns? More sophisticated analyses are required to rule out possible spuriousness.

Despite these limitations, this study is presented as an important first step in providing evidence for the causal role of life stress and social support in the genesis of disorder.

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Table 1

Correlation Patterns for Females[1]

stressful events leading depression	depression leading stressful events	support availability leading depression	depression leading support availability
.38 / .37 / .50		-.38 / -.15 / -.57	
.28 / .42	.14 / .21	-.49 / -.48	-.02 / -.43
.35	.02	-.69	-.24
wtd. bad events w/ low avail. support leading depression	depression leading wtd. bad events w/ low avail. support	wtd. bad events w/ low avail. support leading anxiety	anxiety leading wtd. bad events w/ low avail. support
.48 / .32 / .65		.42 / .51 / .63	
.39 / .31	.12 / .15	.33 / .28	.06 / .11
.75	.15	.34	.07
wtd. bad events w/ low actual support leading drug use	drug use leading wtd. bad events w/ low actual support	intimate relationship leading drug use	drug use leading intimate relationship
.32 / .43 / .29		-.22 / -.18 / -.42	
.40 / .28	.14 / -.01	-.43 / -.40	-.18 / -.18
.11	.11	-.26	-.19

[1]The format used in presenting correlations is as follows:

variable A leading variable B — variable B leading variable A

$A_1B_1/A_2B_2/A_3B_3$

A_1B_2/A_2B_3 — A_2B_1/A_3B_2

A_1B_3 — A_3B_1

Table 2

Correlation Patterns for Males

bad events leading anxiety	anxiety leading bad events
-.03 / .09 / -.16	
.33 / .43	-.04 / .09
.15	-.05
good events leading anxiety	anxiety leading good events
.33 / .33 / .07	
.21 / .49	.11 / .13
.25	-.10
availability of support leading depression	depression leading availability of support
-.08 / -.62 / -.50	
-.22 / -.59	-.18 / -.37
-.06	-.27
wtd. bad events w/ low avail. support leading depression	depression leading wtd. bad events w/ low avail. support
.62 / .55 / .64	
.21 / .53	.06 / .32
-.07	.43
bad events w/ low avail. support leading anxiety	anxiety leading bad events w/ low avail. support
-.31 / .13 / -.13	
.47 / .41	.03 / .09
-.10	-.10
heroin using friends leading drug use	drug use leading heroin using friends
.03 / .18 / .15	
.14 / .31	.04 / .12
.14	.02
alcohol use leading wtd. bad events	wtd. bad events leading alcohol use
.13 / .27 / .09	
.23 / .43	-.17 / -.21
.08	-.08
drug use leading wtd. bad events	wtd. bad events leading drug use
.21 / -.18 / .03	
.24 / .13	-.04 / -.11
.21	-.09